PTO/SB/05 (08-03)

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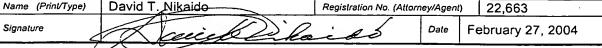
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UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorn	ey Docket No.	KSM-0222
First Inventor		Mitsuo Satake
Title	BIOABSORE	SABLE VASOOCCLUSIVE COIL
Expres	s Mail Label No.	

TRA	NSMITTAL	Title	BIOA	BSORBA	BLE VASC	occ	CLUSIVE COIL	•	
(Only for new nonprovision	nal applications under 37 CFR 1.53(b)		ss Mail La	abol No					
		Expre	33 IVIAII L	abel IVO.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
(Submit en original, Applicant claims See 37 CFR 1.2  X Specification (preferred arrangen - Descriptive title - Cross Reference to s or a computer - Background of - Brief Summary - Brief Descriptio - Detailed Descri - Claim(s) - Abstract of the  X Drawing(s) (35 U  5. Oath or Declaration  a. X Newly execut b. Copy from a (for continuation i. DELETI Signed s named in see 37 C	[Total Pages] ment set forth below) a of the invention ce to Related Applications parding Fed sponsored R & D equence listing, a lable, program listing appendix the Invention of the Invention on of the Drawings (if filed) ription  Disclosure	2 l 2 l	Alexandria, VA 22313-1450  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. X Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. X Information Disclosure Statement (IDS)/PTO-1449 X Copies of IDS Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
<u> </u>			the the res	visite interneti		· - 4b - 6			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No.:  Prior application information: Examiner Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
	19. Co	ORRESPO	NDENC	E ADDRESS	<u> </u>				
X Customer Number	er: 2335	3		OR	Corresp	onden	ce address below		
	ER, FISHMAN & GRAUI d T. Nikaido	ER PLL	2						
Address 1233 Suite	20th Street, N.W. 501								
City Washington State		DC		Zip Coo	ie 2	20036			
Country US	[7	Telephone	(202)	955-3750	F	ax (	(202) 955-3751		
Name (Print/Type)	David T. Nikaido		Reg	gistration No. (	Attorney/Agen	t)	22,663		
Signature Kacie Sike				Paced Date February 27, 200				1	





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for FY 2004	ŀ	Filing					ently Herewith	
Effective 10/01/2003, Patent fees are subject to annual revision.	ļ			ed Inven	itor ·	Mitsuo S		
		Exam	iner N	Name		Not Yet Assigned		
X Applicant claims small entity status. See 37 CFR 1.2	27 Art Unit					N/A		
TOTAL AMOUNT OF PAYMENT (\$) 385.00	Attorney Docket No. KSM-0222					22		
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	ATION (co	ontinued)	
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X Deposit Account:								
Deposit	Large	Entity	Sma	III Entity				
Account 18-0013	Fee	Fee	Fee		-	Fee Des	cription	_
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Account Rader, Fishman & Grauer PLLC	1051	130	2051	65	_	<ul> <li>late filing fe</li> </ul>		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25		- late provisi	onal filing fee or cover	1.g 20.a.
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053		death)	h specificatio	.n	<del>- 4 - 7</del> -
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X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812				parte reexamination of SIR prior to	
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920	Examiner a	ction	·	production of the second
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner a	publication of	of SIR after	
FEE CALCULATION	1251	110	2251			or reply withi	n first month	
1. BASIC FILING FEE	1252	420	2252		Extension for	or reply within	n second month	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1253	950	2253	475	Extension for	or reply withi	n third month	
Fee Fee Fee Fee Fee Paid  Code (\$) Code (\$)	1254	1,480	2254	740	Extension for	or reply withi	n fourth month	
1001 770 2001 385 Utility filing fee 385.00	1255	2,010	2255	1,005	Extension for	or reply within	n fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401		Notice of A			
1003 530 2003 265 Plant filing fee	1402	330	2402			f in support o	f an appeal	]
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1403	290	2403		-	oral hearing		
	1451 1452	1,510	1451 2452				lic use proceeding	
SUBTOTAL (1) (\$) 385.00	1453	1,330	2453			evive – unav evive - uninte	,	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501			fee (or reissi		
Extra Fee from	1502	480	2502		Design issu	, ,	,	
Total Claims 10 -20** = x = 0.00	1503	640	2503		Plant issue	57.00		101
Independent 1 3** - 200	1460	130	1460		1-	the Commiss	sioner	
Claims	1807	50	1807				CFR 1.17(q)	
Large Entity   Small Entity	1806	180	1806				n Disclosure Stmt	
Fee Fee Fee Fee				1			ssignment per	
Code (\$) Code (\$)	8021	40	8021	70	property (tin	nes number (	of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809		Filing a sub: (37 CFR 1.1		final rejection	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each ad	ditional inve		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	1	•	37CFR 1.129 Continued F	(b)) xamination (RCE)	
over original patent	1802	900	1802	900	Request for	expedited ex	· · · · L	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		ı			of a design			
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**or number previously paid, if greater; For Reissues, see above	*Redu	ced by B	lasic F	iling Fee	Paid	SUBTO	TAL (3) (\$)	
SUBMITTED BY	_		_			<u> </u>		
· · · · · · · · · · · · · · · · · · ·	Registra	ation No.	Too	0.000			(if applicable))	
David Tarraido		y/Agent)	122	2,663		Telephone	(202) 955-3750	
Signature Samuel Co	خد	20				Date	February 27, 20	04